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Karen A. Yarbrough Cook County Clerk

Date: 04/28/2021 02:10 PM Pg: 1 of 8

POWER OF ATTORNEY

7935 WLST 207TH STREET, UNIT B, PALOS HILLS, IL 60465 **PROPERTY ADDRESS:**

PIN: 23 13 300 043 1.008

Till went ton PREPARED BY: **DALTON & DALTON, P.C.**

6930 WEST 79[™] STREET **BURBANK, IL 60459**

Junity Clark's Office **ONCE RECORDED MAIL TO:** JAMES R. DAHLKE AND LAURA O'BRIEN

7935 WEST 107^{TH} STREET UNIT B

PALOS HILLS, IL 60465

NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

PLEASE READ THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

The purpose of this Power of Attorney is to give your designated "agent" broad powers to handle your financial affairs, which may include the power to pledge, sell, or dispose of any of your real or personal property, even without your consent or any advance notice to you. When using the Statutory Short Form, you may name successor agents, but you may not name coagents.

This form does not impose a duty upon your agent to handle your financial affairs, so it is important that you select an agent who will agree to do this for you. It is also important to select an agent whom you trust, since you are giving that agent control over your financial assets and property. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the directions in this form. Your agent must keep a record of all receipts, disbursements, and significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, both before and after you become incapacitated. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney you wish.

This Power of Attorney does not authorize your agent to appear in court for you as an attorney at law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.

The powers you give your agent are explained more fully in Section 34 of the Illinois Power of Attorney Act. This form is a part of that law. The "NOTE" paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your signature. You should not sign this Power of Attorney if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Please place your initials on the following line indicating that you have read this Notice:

(Principal's initials)

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, James R. Dahlke, 7935 West 107th Street, Unit B, Palos Hills, Illinois 60465 hereby revoke all prior powers of attorney for property executed by me and appoint: Laura O'Brien, 7935 West 107th Street, Unit B, Palos Hills, Illinois 60465

as my attorney-in-fact (my "agent") to act for me and in my name (in any way I could act in person) with respect to the following powers, as defined in Section 3-4 of the "Statutory Short Form Power of Attorney for Property Law" (including all amendments), but subject to any limitations on or additions to the specified powers inserted in paragraph 2 or 3 below:

(NOTE: You must strike out any one or more of the following categories of powers you do not want your agent to have. Failure to strike the title of any category will cause the powers described in that category to be granted to the agent. To strike out a category you must draw a line through the title of that category.)

- (a) Real estate transactions. Specifically the purchase of the property located at 7935 West 107th Street, Unit B, Palor Fills, IL 60465 as described on attached Exhibit "A".
- (b) Borrowing transactions.
- (c) All other property transactions

2.	(NOTE: Here you may add an	y other delegable powers including, without
limitation, po	ower to make gifts, exercise power	ers of appoinment, name or change beneficiaries or
joint tenants	or revoke or amend any trust spe	cifically referred to below.)
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(NOTE: Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delegate discretionary decision making powers to others, you should keep paragraph 4, otherwise it should be struck out.)

3. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you do not want your agent to also be entitled to reasonable compensation for services as agent.)

4. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(NOTE: This power of attorney may be amended or revoked by you at any time and in any manner. Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death, unless a limitation on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

5. This power of attorney shall become effective on March 17, 2021.

(NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

6. This power of attorney shall terminate on May 31, 2021...

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

7. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act along and successively, in the order named) as successor(s) to such agent: NONE

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your agent to act as guardian.)

- 8. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.
- 9. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

(NOTE: This form does not authorize your agent to appear in court for you as an attorney at law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

10. The Notice to Agent is incorporated by reference and included as part of this form.

Dated: 33 -

Signed:

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that Jark's Dahlke, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes thereir, set forth. I believe him or her to be of sound mind and memory. The undersigned witness also cartifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider. (b) an owner, operator, or relative of an owner or operator of a kealth care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant or any spouse of such parent, sibling, or descendant of either the principal or any agent or success or agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney. OFFICE

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(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)

(Second witness) The undersigned witness certifies that James Dahlke, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and coluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) at owner, operator, or relative of an owner or operator of a health care facility in which the principal is 2 patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated:				
		— T	OUNT	
			45	
State of Flori	da)		4	
County of(Sellier)		C_{λ}	
The unders	signed, a notary p	ublic in and for the	above county and state certifies th	at James
Dahlke, know	n to me to be the	same person whos	se name is subscribed as principal to	the
			and the witness(es)	
	_Schneider		in person ard	
		vering the instrum oses therein set for	ent as the free and voluntary act carreth.	ile.
Dated:	3/18	, 2021		C
	muit	z,>	MICHAEL EOVINO	7
	Notary Public		Notary Public - State of Flori Commission # GG 248530	
My commissi	on expires	·	My Comm. Expires Aug 14, 20	22

(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signatures of	I certify that the signatures
agent (ard successors)	of my agent (and successors)
60	are genuine.
TO THE STATE OF TH	

(NOTE: The name, address, and phone aumber of the person preparing this form or who assisted the principal in completing this form should be inserted below.)

Name:

Thomas P. Dalton, Esq.

Dalton & Dalton, P.C.

Address:

6930 W. 79th Street

Burbank, Illinois 60459

Phone:

(708) 430-0808

-OUNTY C Notice to Agent. The following form may be known as "Notice to Agent" and shall be supplied T'S OFFICE to an agent appointed under a power of attorney for property.

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LEGAL DESCRIPTION:

Unit 7935-'B' in Royal Oak Condominium as delineated on a survey of the following described real estate: Certain lots in Royal Oaks Resubdivision of Lots 9, 11, 12 and 13 in Lambert's 107th Street Subdivision, a Subdivision of the North 426.77 feet of the East 15 acres of that part of the South East 1/4 of Section 14, lying North of the Calumet Feeder and also that part of the West 1/2 of the West 1/2 of the South West 1/4 of Section 13, lying North of the Calumet Feeder in Township 37 North, Range 12 East of the Third Principal Meridian, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document Number 88480274 as amended from time to time, together with its undivided percentage interest in the common elements, in Cook County, Illinois, also together with the exclusive right to the use of (G) 7935B, a limited common element as delineated on the survey attached to the declaration aforesaid recorded as Document Number 88480274.

PROPERTY ADDRESS:

John Or 0465
OHNEY CORRECTOR 7935 West 107th Street, #B, Palos Hills, IL 60465

PERMANENT INDEX NUMBER:

23-13-300-043-1018